

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Ray B. Finedore
Easterling Correctional Center
200 Wallace Drive
Clio, AL 36017

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
 B. Received by (Printed Name) Ray B. Finedore
 C. Date of Delivery 7/24/06
 D. Is delivery address different from item 1? ☐ Yes
 If different, enter delivery address below: ☐ No

ype ☒ Registered Mail ☐ Express Mail
☐ Insured Mail ☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service lab)

7005 1820 0002 3461 0096

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540